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Afghanistan, Argentina, Armenia, Bangladesh, Belize, Bhutan, Bolivia (Plurinational State of), Brazil, Bulgaria, Cameroon,* China, Cuba, Democratic People's Republic of Korea, Dominican Republic, El Salvador, Fiji, Georgia, Germany, Grenada, Guatemala, Guyana, Haiti, India, Indonesia, Ireland, Israel, Italy, Japan, Jordan, Kazakhstan, Malaysia, Mauritius, Micronesia (Federated States of), Monaco, Mongolia, Myanmar, Nepal, New Zealand, Panama, Papua New Guinea, Paraguay, Philippines, Portugal, Republic of Korea, Russian Federation, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Saudi Arabia, Singapore, Suriname, Tajikistan, Thailand, Timor-Leste, Turkey, Uruguay, Uzbekistan, Vanuatu, Viet Nam and Yemen: revised draft resolution

Supporting efforts to end obstetric fistula

The General Assembly,

Recalling its resolutions 62/138 of 18 December 2007, 63/158 of 18 December 2008 and 65/188 of 21 December 2010 on supporting efforts to end obstetric fistula,

Reaffirming the Beijing Declaration and Platform for Action,[1] the outcome of the twenty-third special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century",[2] the Programme of Action of the International Conference on Population and Development[3] and the Programme of Action of the World Summit for Social Development[4] and their reviews, and the international commitments in the field of social development and to gender equality and the empowerment of women and girls made at the World Conference against Racism, Racial Discrimination,

* On behalf of the States Members of the United Nations that are members of the Group of African States.

[1] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

[2] Resolution S-23/2, annex, and resolution S-23/3, annex.

[3] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[4] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annex II.

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Xenophobia and Related Intolerance[5] and the 2005 World Summit,[6] as well as those made in the outcome document of the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals, entitled "Keeping the promise: united to achieve the Millennium Development Goals",[7]

Reaffirming also the Universal Declaration of Human Rights,[8] the Convention on the Elimination of All Forms of Discrimination against Women[9] and the Convention on the Rights of the Child,[10] and urging States that have not done so to consider, as a matter of priority, signing, ratifying or acceding to those Conventions and the Optional Protocols thereto,[11]

Welcoming the report of the Secretary-General on supporting efforts to end obstetric fistula,[12] as well as the conclusions and recommendations contained therein,

Stressing the interlinkages between poverty, malnutrition, lack of or inadequate or inaccessible health-care services, early childbearing, child marriage, violence against young women and girls and gender discrimination as root causes of obstetric fistula, and that poverty remains the main social risk factor,

Recognizing that the difficult socioeconomic conditions that exist in many developing countries, in particular the least developed countries, have resulted in the acceleration of the feminization of poverty,

Recognizing also that early childbearing increases the risk of complications during pregnancy and delivery and a much higher risk of maternal mortality and morbidity, and deeply concerned that early childbearing and limited access to the highest attainable standard of health, including sexual and reproductive health, specifically timely access to high-quality emergency obstetric care, cause high levels of obstetric fistula and other maternal morbidities, as well as maternal mortality,

Noting that a human rights-based approach to eliminating obstetric fistula is underpinned by the principles of, inter alia, accountability, participation, transparency, empowerment, sustainability, non-discrimination and international cooperation,

Deeply concerned about discrimination against women and girls and the violation of their rights, which often result in less access by girls to education and nutrition, reduced physical and mental health and enjoyment by girls of fewer of the rights, opportunities and benefits of childhood and adolescence compared with boys, and in their often being subjected to various forms of cultural, social, sexual and economic exploitation and to violence and harmful practices,

Welcoming the contribution by Member States, the international community and civil society to the global Campaign to End Fistula, bearing in mind that a

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[5] See A/CONF.189/12 and Corr.1, chap. I.

[6] See resolution 60/1.

[7] See resolution 65/1.

[8] Resolution 217 A (III).

[9] United Nations, *Treaty Series*, vol. 1249, No. 20378.

[10] Ibid., vol. 1577, No. 27531.

[11] Ibid., vol. 2131, No. 20378; and ibid., vols. 2171 and 2173, No. 27531.

[12] A/67/258.

people-centred approach to social and economic development is fundamental for protecting and empowering individuals and communities,

Deeply concerned that, as the Campaign to End Fistula approaches its tenth anniversary, while some progress has been made, there remain significant challenges that require the intensification of efforts at all levels to end obstetric fistula,

Recognizing the Secretary-General's Global Strategy for Women's and Children's Health, undertaken by a broad coalition of partners, in support of national plans and strategies aimed at significantly reducing the number of maternal, newborn and under-five child deaths, and disabilities as a matter of immediate concern by scaling up a priority package of high-impact interventions and integrating efforts in sectors such as health, education, gender equality, water and sanitation, poverty eradication and nutrition,

Welcoming the various national, regional and international initiatives on all the Millennium Development Goals, including those undertaken bilaterally and through South-South cooperation, in support of national plans and strategies in sectors such as health, education, gender equality, energy, water and sanitation, poverty eradication and nutrition as a way to reduce the number of maternal, newborn and under-five child deaths,

Welcoming also ongoing partnerships between stakeholders at all levels to address the multifaceted determinants of maternal, newborn and child health in close coordination with Member States based on their needs and priorities and the commitments to accelerate progress on the health-related Millennium Development Goals,

Reaffirming the renewed and reinforced commitments made by Member States for achieving Millennium Development Goal 5,

1. *Recognizes* the interlinkages between poverty, lack of or inadequate access to health-care services, early childbearing and child marriage as root causes of obstetric fistula, that poverty remains the main social risk factor and that the eradication of poverty is critical to meeting the needs and rights of women and girls, and calls upon States in collaboration with the international community to take action to address the situation;

2. *Stresses* the need to address the social issues that contribute to the problem of obstetric fistula, such as poverty, lack of or inadequate education for women and girls, lack of access to health-care services, including sexual and reproductive health-care services, early childbearing, child marriage and the low status of women and girls;

3. *Calls upon* States to take all measures necessary to ensure the right of women and girls to the enjoyment of the highest attainable standard of health, including sexual and reproductive health, and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development,[3] and to develop sustainable health systems and social services with a view to ensuring access to such systems and services without discrimination, while paying special attention to adequate food and nutrition, water and sanitation, family planning information, increasing knowledge and awareness and ensuring equitable access to high-quality appropriate prenatal and delivery care for the prevention of

obstetric fistula and the reduction of health inequities, as well as postnatal care for the detection and early management of fistula cases;

4. *Also calls upon* States to ensure the right to education for women and girls, of good quality, on an equal basis with men and boys and to ensure that they complete a full course of primary education, and to renew their efforts to improve and expand girls' and women's education at all levels, including at the secondary and higher levels, and including age-appropriate sex education, as well as vocational education and technical training, in order, inter alia, to achieve gender equality, the empowerment of women and girls and poverty eradication;

5. *Urges* States to enact and strictly enforce laws to ensure that marriage, including in rural and remote areas, is entered into only with the free and full consent of the intending spouses and, in addition, to enact and strictly enforce laws concerning the minimum legal age of consent and the minimum age for marriage, and to raise the minimum age for marriage where necessary;

6. *Calls upon* the international community to provide intensified technical and financial support, in particular to high-burden countries, to accelerate progress towards the achievement of Millennium Development Goal 5 and the elimination of obstetric fistula;

7. *Also calls upon* the international community to support the activities of the United Nations Population Fund and other partners in the global Campaign to End Fistula, including the World Health Organization, in establishing and financing regional fistula treatment and training centres, and where necessary national centres, by identifying and supporting health facilities that have the potential to serve as centres for treatment, training and convalescent care;

8. *Calls upon* States to accelerate progress in order to achieve Millennium Development Goal 5 and its two targets by addressing reproductive, maternal, newborn and child health in a comprehensive manner, inter alia, through the provision of family planning, prenatal care, skilled attendance at birth, emergency obstetric and newborn care, postnatal care, and methods of prevention and treatment of sexually transmitted diseases and infections, such as HIV, within strengthened health systems that provide equal access to affordable, equitable and high-quality integrated health-care services and include community-based preventive and clinical care, as also reflected in the outcome document of the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals, entitled "Keeping the promise: united to achieve the Millennium Development Goals",[7] and the Global Strategy for Women's and Children's Health;

9. *Calls upon* States and/or the relevant funds and programmes, organs and specialized agencies of the United Nations system, within their respective mandates, and invites the international financial institutions and all relevant actors of civil society, including non-governmental organizations, and the private sector:

(a) To redouble their efforts to meet the internationally agreed goal of improving maternal health by making maternal health-care services and obstetric fistula treatment geographically and financially accessible, including by ensuring universal access to skilled attendance at birth, timely access to high-quality emergency obstetric care and family planning, as well as appropriate prenatal and postnatal care;

(b) To make greater investments in strengthening health systems, ensuring adequately trained and skilled human resources, especially midwives, obstetricians, gynaecologists and doctors, as well as investments in infrastructure, referral mechanisms, equipment and supply chains, to improve maternal health-care services and ensure that women and girls have access to the full continuum of care;

(c) To ensure equitable access through national policies, plans and programmes that make maternal and newborn health-care services, particularly family planning, skilled attendance at birth, emergency obstetric and newborn care and obstetric fistula treatment, financially accessible, including in rural or remote areas and among the poorest women and girls, through, where appropriate, the distribution of health-care facilities and trained medical personnel, collaboration with the transport sector for affordable transport options, the promotion of and support for community-based solutions and the provision of incentives and other means to secure the presence in rural and remote areas of qualified health professionals who are able to perform interventions to prevent obstetric fistula;

(d) To develop, implement and support national and international prevention, care and treatment and socioeconomic reintegration and support strategies, policies and plans to eliminate obstetric fistula and to develop further multisectoral, multidisciplinary, comprehensive and integrated action plans in order to bring lasting solutions and put an end to maternal mortality and morbidities and obstetric fistula, including by ensuring access to affordable, accessible, comprehensive, high-quality maternal health-care services; within countries, policy and programmatic approaches to address inequities and reach poor, vulnerable women and girls must be incorporated in all sectors of national budgets;

(e) To establish or strengthen, as appropriate, a national task force for fistula, led by the Ministry of Health, to enhance national coordination and improve partner collaboration to end obstetric fistula;

(f) To strengthen the capacity of health systems, in particular public health systems, to provide the essential services needed to prevent obstetric fistula and to treat existing cases by increasing national budgets for health, ensuring that adequate funds are allocated to reproductive health, including for obstetric fistula, ensuring access to fistula treatment through increased availability of trained, expert fistula surgeons and permanent, holistic fistula services integrated into strategically selected hospitals, thereby addressing the significant backlog of women and girls awaiting surgical repair of fistula, and by encouraging communication among fistula centres to facilitate training, research, advocacy and fundraising and the application of relevant medical standards, including consideration of the use of *Obstetric Fistula: Guiding Principles for Clinical Management and Programme Development*,[13] which provides background information and principles for developing fistula prevention and treatment programmes, as appropriate;

(g) To mobilize funding to provide free or adequately subsidized maternal health-care and obstetric fistula repair and treatment services, including by encouraging networking among providers and the sharing of new treatment techniques and protocols to protect women's and children's well-being and survival and to prevent the recurrence of subsequent fistulas by making post-surgery follow-up and the tracking of fistula patients a routine and key component of all fistula

[13] Gwyneth Lewis and Luc de Bernis, eds. (Geneva, World Health Organization, 2006).

programmes; access to elective caesarean sections for fistula survivors who become pregnant again should also be ensured to prevent fistula recurrence and to increase the chances of survival of mother and baby in all subsequent pregnancies;

(h) To ensure that all women and girls who have undergone fistula treatment, including the forgotten women and girls with incurable or inoperable fistula, have access to holistic social integration services and careful follow-up, including counselling, education, family planning and socioeconomic empowerment through, inter alia, skills development and income-generating activities, so that they can overcome abandonment and social exclusion; linkages with civil society organizations and women's and girls' empowerment programmes should be developed to help achieve this goal;

(i) To empower fistula survivors to contribute to community sensitization and mobilization as advocates for fistula elimination, safe motherhood and newborn survival;

(j) To educate individual women and men, girls and boys, communities, policymakers and health professionals about how obstetric fistula can be prevented and treated, and increase awareness of the needs of pregnant women and girls, as well as of those who have undergone surgical fistula repair, including their right to the highest attainable standard of health, by working with community and religious leaders, traditional birth attendants, women and girls who have suffered from fistula, the media, social workers, civil society, women's organizations, influential public figures and policymakers, support the training of doctors, midwives, nurses and other health workers in life-saving obstetric care, and include training on fistula repair, treatment and care as a standard element of the training curricula of health professionals;

(k) To strengthen awareness-raising and advocacy, including through the media, to effectively reach families with key messages on fistula prevention, treatment and social reintegration;

(l) To strengthen research, monitoring and evaluation systems, including by developing a community- and facility-based mechanism for the systematic notification of obstetric fistula cases and maternal and newborn deaths to ministries of health, in a national register, as well as for the purpose of guiding the implementation of maternal health programmes;

(m) To strengthen research, data collection, monitoring and evaluation to guide the planning and implementation of maternal health programmes, including for obstetric fistula, by conducting up-to-date needs assessments on emergency obstetric and newborn care and for fistula, and routine reviews of maternal deaths and near-miss cases, as part of a national maternal death surveillance and response system, integrated within national health information systems;

(n) To improve data collection, pre- and post-surgery, to measure progress in addressing the needs for surgical treatment and the quality of surgery, rehabilitation and socioeconomic reintegration services, including post-surgery prospects for successful subsequent pregnancies, live births and severe health-related complications so as to address the challenges for improving maternal health;

(o) To provide essential health services, equipment and supplies and skills training and income-generating projects to women and girls so that they can break out of the cycle of poverty;

10. *Urges* the international community to address the shortage of doctors and the inequitable distribution of midwives, nurses and other health workers trained in life-saving obstetric care and of space and supplies, which limit the capacity of most fistula centres;

11. *Urges* multilateral donors, and invites international financial institutions, within their respective mandates, and regional development banks to review and implement policies to support national efforts to ensure that a higher proportion of resources reaches young women and girls, in particular in rural and remote areas;

12. *Calls upon* the international community to designate 23 May as the International Day to End Obstetric Fistula, and henceforth use the International Day each year to significantly raise awareness and intensify actions towards ending obstetric fistula;

13. *Invites* Member States to contribute to efforts to end obstetric fistula, including, in particular, the United Nations Population Fund global Campaign to End Fistula, with the goal of eliminating obstetric fistula globally, in line with the targets of the Millennium Development Goal of improving maternal health;

14. *Requests* the Secretary-General to submit a report to the General Assembly at its sixty-ninth session on the implementation of the present resolution under the item entitled "Advancement of women".